UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF OHIO
EASTERN DIVISION

IN RE:	:	
Dean P. Brenning,		
Kimberly A. Brenning,	:	Case No. 12-56588
		Chapter 13
Debtors.	:	Judge Preston

NOTICE OF SUBMISSION OF AMENDED SCHEDULES I & J

Now come Debtors, Dean and Kimberly Brenning, by and through counsel, and submit the attached Amended Schedule I – Your Income, and Schedule J – Your Expenses.

Respectfully submitted,

/s/ Crystal I. Zellar
Crystal I. Zellar (#0038785)
Shelley E. Hibburt (#0091736)
Zellar & Zellar, Attorneys at Law, Inc.
720 Market Street
Zanesville, Ohio 43701
Telephone: (740) 452-8439
Facsimile: (740) 450-8499
mail@ZellarLaw.com
Counsel for Debtors

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing **Notice of Submission of Amended Schedules I & J** was served (i) **electronically** on the date of filing through the court's ECF System on all ECF participants registered in this case at the email address registered with the court and (ii) by **ordinary U.S. Mail** on **May 30, 2017** addressed to:

Dean Brenning
815 Clark St
Cambridge OH 43725

Kimberly Brenning
808 Gomber Ave
Cambridge OH 43725

/s/ Crystal I. Zellar
Crystal I. Zellar (#0038785)
Shelley E. Hibburt (#0091736)
Zellar & Zellar, Attorneys at Law, Inc.
Counsel for Debtors

Fill in this information to identify your case:

Debtor 1: Dean P. Brenning

Debtor 2 (Spouse, if filing): Kimberly A. Brenning

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number (If known): 12-56588

Check if this is:

■ An amended filing

☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD/ YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. **Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	■ Employed ☐ Not employed	■ Employed ☐ Not employed
Occupation		
Employer's name	King Karpet Inc	Daily Jeffersonian
Employer's address	1316 Wheeling Ave Cambridge, OH 43725	Copley Ohio Newspapers Inc 175 Sully's Trail Pittsford, NY 14534
How long employed there?		

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write $0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

			For Debtor 1	For Debtor 2 or non-filing spouse
2.	**List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	$ 3,934.00	$ 4,167.00
3.	**Estimate and list monthly overtime pay.**	3.	+$ 0.00	+$ 0.00
4.	**Calculate gross Income.** Add line 2 + line 3.	4.	$ 3,934.00	$ 4,167.00

Debtor 1 Dean P. Brenning
Debtor 2 Kimberly A. Brenning

Case number (*if known*) 12-56588

		For Debtor 1		For Debtor 2 or non-filing spouse
Copy line 4 here	4.	$ 3,934.00		$ 4,167.00
5. **List all payroll deductions:**				
5a. **Tax, Medicare, and Social Security deductions**	5a.	$ 850.00		$ 965.00
5b. **Mandatory contributions for retirement plans**	5b.	$ 0.00		$ 0.00
5c. **Voluntary contributions for retirement plans**	5c.	$ 0.00		$ 0.00
5d. **Required repayments of retirement fund loans**	5d.	$ 0.00		$ 0.00
5e. **Insurance**	5e.	$ 0.00		$ 507.00
5f. **Domestic support obligations**	5f.	$ 528.00		$ 0.00
5g. **Union dues**	5g.	$ 0.00		$ 0.00
5h. **Other deductions.** Specify: Health Savings Account	5h.+	$ 0.00	+	$ 11.00
6. **Add the payroll deductions.** Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	$ 1,378.00		$ 1,483.00
7. **Calculate total monthly take-home pay.** Subtract line 6 from line 4.	7.	$ 2,556.00		$ 2,684.00
8. **List all other income regularly received:**				
8a. **Net income from rental property and from operating a business, profession, or farm** Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	$ 0.00		$ 0.00
8b. **Interest and dividends**	8b.	$ 0.00		$ 0.00
8c. **Family support payments that you, a non-filing spouse, or a dependent regularly receive** Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	$ 0.00		$ 528.00
8d. **Unemployment compensation**	8d.	$ 0.00		$ 0.00
8e. **Social Security**	8e.	$ 0.00		$ 0.00
8f. **Other government assistance that you regularly receive** Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	$ 0.00		$ 0.00
8g. **Pension or retirement income**	8g.	$ 0.00		$ 0.00
8h. **Other monthly income.** Specify:	8h.+	$ 0.00	+	$ 0.00
9. **Add all other income.** Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	$ 0.00		$ 528.00

10. **Calculate monthly income.** Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. $ 2,556.00 + $ 3,212.00 = $ 5,768.00

11. **State all other regular contributions to the expenses that you list in *Schedule J*.**
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in *Schedule J*.
Specify: 11. **+**$ 0.00

12. **Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income. Write that amount on the *Summary of Schedules* and *Statistical Summary of Certain Liabilities* and Related *Data,* if it applies 12. $ 5,768.00

Combined monthly income

13. **Do you expect an increase or decrease within the year after you file this form?**
- ■ No.
- ☐ Yes. Explain:

Fill in this information to identify your case:

Debtor 1: Dean P. Brenning

Debtor 2 (Spouse, if filing): Kimberly A. Brenning

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number (If known): 12-56588

Check if this is:
- ■ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

  MM / DD / YYYY

Official Form 106J
Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. **Is this a joint case?**
   - ☐ No. Go to line 2.
   - ■ Yes. **Does Debtor 2 live in a separate household?**
     - ☐ No
     - ■ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. **Do you have dependents?** ☐ No

   Do not list Debtor 1 and Debtor 2. ■ Yes. Fill out this information for each dependent.............

   Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Daughter	13	☐ No ■ Yes
		☐ No ☐ Yes
		☐ No ☐ Yes
		☐ No ☐ Yes

3. **Do your expenses include expenses of people other than yourself and your dependents?**
   - ■ No
   - ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

			Your expenses
4.	**The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.	4.	$ 0.00
	If not included in line 4:		
4a.	Real estate taxes	4a.	$ 0.00
4b.	Property, homeowner's, or renter's insurance	4b.	$ 0.00
4c.	Home maintenance, repair, and upkeep expenses	4c.	$ 25.00
4d.	Homeowner's association or condominium dues	4d.	$ 0.00
5.	**Additional mortgage payments for your residence,** such as home equity loans	5.	$ 0.00

Debtor 1 Dean P. Brenning
Debtor 2 Kimberly A. Brenning
Case number (if known) 12-56588

6.	**Utilities:**			
	6a. Electricity, heat, natural gas	6a.	$	200.00
	6b. Water, sewer, garbage collection	6b.	$	93.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	$	200.00
	6d. Other. Specify:	6d.	$	0.00
7.	**Food and housekeeping supplies**	7.	$	400.00
8.	**Childcare and children's education costs**	8.	$	0.00
9.	**Clothing, laundry, and dry cleaning**	9.	$	50.00
10.	**Personal care products and services**	10.	$	50.00
11.	**Medical and dental expenses**	11.	$	421.00
12.	**Transportation.** Include gas, maintenance, bus or train fare. Do not include car payments.	12.	$	450.00
13.	**Entertainment, clubs, recreation, newspapers, magazines, and books**	13.	$	0.00
14.	**Charitable contributions and religious donations**	14.	$	0.00
15.	**Insurance.** Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	$	0.00
	15b. Health insurance	15b.	$	0.00
	15c. Vehicle insurance	15c.	$	70.00
	15d. Other insurance. Specify:	15d.	$	0.00
16.	**Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	$	0.00
17.	**Installment or lease payments:**			
	17a. Car payments for Vehicle 1	17a.	$	0.00
	17b. Car payments for Vehicle 2	17b.	$	0.00
	17c. Other. Specify:	17c.	$	0.00
	17d. Other. Specify:	17d.	$	0.00
18.	**Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, *Schedule I, Your Income* (Official Form 106I).**	18.	$	0.00
19.	**Other payments you make to support others who do not live with you.** Specify:	19.	$	0.00
20.	**Other real property expenses not included in lines 4 or 5 of this form or on *Schedule I: Your Income*.**			
	20a. Mortgages on other property	20a.	$	0.00
	20b. Real estate taxes	20b.	$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	$	0.00
	20e. Homeowner's association or condominium dues	20e.	$	0.00
21.	**Other:** Specify:	21.	+$	0.00
22.	**Calculate your monthly expenses**			
	22a. Add lines 4 through 21.		$	1,959.00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		$	2,450.00
	22c. Add line 22a and 22b. The result is your monthly expenses.		$	4,409.00
23.	**Calculate your monthly net income.**			
	23a. Copy line 12 *(your combined monthly income)* from Schedule I.	23a.	$	5,768.00
	23b. Copy your monthly expenses from line 22c above.	23b.	-$	4,409.00
	23c. Subtract your monthly expenses from your monthly income. The result is your *monthly net income*.	23c.	$	1,359.00

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

■ No.
☐ Yes. Explain here: Debtors' daughter has developed medical issues that have significantly increased Debtors' medical and transportation expenses as Debtors must make frequent trips from Cambridge, Ohio to Nationwide Children's Hospital in Columbus.

Debtor 1 Dean P. Brenning
Debtor 2 Kimberly A. Brenning
Case number (if known) 12-56588

Fill in this information to identify your case:

Debtor 1 Dean P. Brenning

Debtor 2 (Spouse, if filing) Kimberly A. Brenning

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number (If known) 12-56588

Check if this is:
■ An amended filing
☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J-2

Schedule J-2: Your Expenses for Separate Household of Debtor 2

12/15

Use this form for Debtor 2's separate household expenses ONLY IF Debtor 1 and Debtor 2 maintain separate households. *If Debtor 1 and Debtor 2 have one or more dependents in common, list the dependents on both Schedule J and this form. Answer the questions on this form only with respect to expenses for Debtor 2 that are not reported on Schedule J.* Be as complete and accurate as possible. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. **Do you and Debtor 1 maintain separate households?**
   ☐ No. Do not complete this form.
   ■ Yes

2. **Do you have dependents?** ☐ No ■ Yes.

   Do not list Debtor 1 but list all other dependents of Debtor 2 regardless of whether listed as a dependent of Debtor 1 on Schedule J.

   Do not state the dependents names.

Fill out this information for each dependent...............

Dependent's relationship to Debtor 2	Dependent's age	Does dependent live with you?
Daughter	13	☐ No ■ Yes
.		☐ No ☐ Yes
.		☐ No ☐ Yes
.		☐ No ☐ Yes

3. **Do your expenses include expenses of people other than yourself and your dependents?** ■ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

		Your expenses
4. **The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.	4.	$ 800.00
If not included in line 4:		
4a. Real estate taxes	4a.	$ 0.00
4b. Property, homeowner's, or renter's insurance	4b.	$ 25.00
4c. Home maintenance, repair, and upkeep expenses	4c.	$

Debtor 1 Dean P. Brenning
Debtor 2 Kimberly A. Brenning

Case number (if known) 12-56588

			0.00
	4d. Homeowner's association or condominium dues	4d. $	0.00
5.	**Additional mortgage payments for your residence,** such as home equity loans	5. $	0.00
6.	**Utilities:**		
	6a. Electricity, heat, natural gas	6a. $	220.00
	6b. Water, sewer, garbage collection	6b. $	80.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. $	70.00
	6d. Other. Specify:	6d. $	0.00
7.	**Food and housekeeping supplies**	7. $	500.00
8.	**Childcare and children's education costs**	8. $	25.00
9.	**Clothing, laundry, and dry cleaning**	9. $	50.00
10.	**Personal care products and services**	10. $	50.00
11.	**Medical and dental expenses**	11. $	150.00
12.	**Transportation.** Include gas, maintenance, bus or train fare. Do not include car payments.	12. $	150.00
13.	**Entertainment, clubs, recreation, newspapers, magazines, and books**	13. $	0.00
14.	**Charitable contributions and religious donations**	14. $	0.00
15.	**Insurance.** Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a. $	0.00
	15b. Health insurance	15b. $	0.00
	15c. Vehicle insurance	15c. $	80.00
	15d. Other insurance. Specify:	15d. $	0.00
16.	**Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16. $	0.00
17.	**Installment or lease payments:**		
	17a. Car payments for Vehicle 1	17a. $	0.00
	17b. Car payments for Vehicle 2	17b. $	0.00
	17c. Other. Specify: Car rental	17c. $	250.00
18.	**Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, *Schedule I, Your Income* (Official Form 106I).**	18. $	0.00
19.	**Other payments you make to support others who do not live with you.** Specify:	19. $	0.00
20.	**Other real property expenses not included in lines 4 or 5 of this form or on *Schedule I: Your Income*.**		
	20a. Mortgages on other property	20a. $	0.00
	20b. Real estate taxes	20b. $	0.00
	20c. Property, homeowner's, or renter's insurance	20c. $	0.00
	20d. Maintenance, repair, and upkeep expenses	20d. $	0.00
	20e. Homeowner's association or condominium dues	20e. $	0.00
21.	**Other:** Specify:	21. +$	0.00
22.	**Your monthly expenses.** Add lines 5 through 21. The result is the monthly expenses of Debtor 2. Copy the result to line 22b of Schedule J to calculate the total expenses for Debtor 1 and Debtor 2.	$	2,450.00

23. Line not used on this form.

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

■ No.
☐ Yes. Explain here: